



IN THE UNITED STATES PATENT & TRADEMARK OFFICE


REQUEST FOR APPROVAL OF DRAWING CORRECTIONS	Application No.:	10/737,349
	Filing Date:	December 15, 2003
	First Named Inventor:	William F. Fling
	Application Title:	HORIZONTAL LIQUID LEVEL MEASURING DEVICE
	Examiner Name:	Wilson, Katina M
	Attorney Docket No.:	Fling.04

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 222313-1450

Sir:

Applicants request drawing changes as shown in red on the enclosed copies of FIGS. 1, 3-5, 10, 11 and 13 of the above—identified application. Replacement pages for these figures are also enclosed. The changes all involve deleting reference characters that were not referred to in the specification. No new matter is presented.

Respectfully submitted,

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Signature			Date	April 27, 2005	



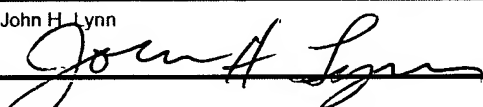
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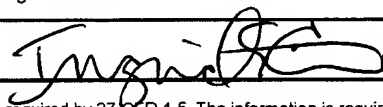
PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/737,349	
	Filing Date	December 15, 2003	
	First Named Inventor	William F. Fling	
	Art Unit	2856	
	Examiner Name	Katina M. Wilson	
Total Number of Pages in This Submission	25	Attorney Docket Number	Fling.04

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): itemized return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Please credit any overpayments or charge any underpayments to deposit account no. 12-2469.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John H. Lynn 	
Signature		
Date	April 27, 2005	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Ingrid E. Crane		
Signature		Date	April 27, 2005

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